

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/14/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185148	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/18/2011
NAME OF PROVIDER OR SUPPLIER FOUNTAIN CIRCLE HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 200 GLENWAY ROAD WINCHESTER, KY 40391	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An Abbreviated survey was initiated on 03/13/11 and concluded on 03/16/11. ARO #KY 00015620, KY00015851, KY00015608, KY00015610, KY00015611, KY00015612, KY00015606 and KY00016023 were unsubstantiated without deficiency. ARO #KY00015526, KY00015609, KY00015997 and KY00015999 were substantiated without deficiency. ARO #KY00015886 and KY00015888 were substantiated with deficiencies cited.	F 000	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>	
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined the facility failed to follow the Comprehensive Plan of Care for one (1) of sixteen (16) sampled residents (Resident #4). Resident #4 required the assistance of two (2) staff members for toileting assistance and bed mobility. Resident #4 was rolled out of the bed and onto the floor while being assisted by only one (1) staff member after an episode of incontinence. The findings include: Record review revealed Resident #4 was admitted to the facility with diagnoses which included Cerebrovascular Accident (CVA), Degenerative Joint Disease and Stage III kidney	F 282	F282 Resident #4 was placed back in the bed on 12/8/10, without injury. All Certified Nursing Assistant (CNA) assignment sheets were reviewed to ensure all residents care plan interventions, as appropriate, to include, but not limited to bed mobility, were included on the CNA Assignment Sheet and were accurate. This review was completed by the Unit Managers (UM) on 3-19-11. All nursing staff were educated by SDC/DNS on following the residents CNA Assignment Sheet for all care plan interventions, to include, but not limited to bed mobility. Education was completed by 4/15/11. Any staff having not attended the inservice will not be allowed to work until received.	4/16/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER FOUNTAIN CIRCLE HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 200 GLENWAY ROAD WINCHESTER, KY 40391		
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F 282	<p>Continued From page 1</p> <p>disease. Review of the Minimum Data Set (MDS) dated 01/03/11, revealed the resident required the assistance of two (2) staff members for bed mobility.</p> <p>Review of the clinical record revealed, the care plan dated 01/10/11, stated the resident required the assistance of two (2) staff members for toileting needs and bed mobility.</p> <p>Interview with Certified Nursing Assistant (CNA) #4 on 03/13/11 at 3:45 PM, revealed she was in Resident #4's room and assisted CNA #5 to turn the resident onto his/her side. CNA #4 further revealed she left the room to get clean linens after Resident #4 was turned.</p> <p>Interview with CNA #5 on 03/14/11 at 1:06 PM, revealed she attempted to remove the dirty brief from Resident #4 after CNA #4 had left the room. CNA #5 stated, the resident just rolled on over onto the floor.</p> <p>Interview with Registered Nurse (RN) #1 on 03/14/11 at 10:49 AM, revealed she found the resident on his/her knees beside the bed when she entered the room. With the assistance of two (2) CNAs, a gait belt and a mechanical lift, the resident was placed back in the bed without injury.</p>	F 282	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>UM/Weekend Supervisor (WS) will conduct direct observations of 3 staff per week and compare to the CNA Assignment Sheet to validate implementation of care plan interventions. Any discrepancies will be immediately corrected.</p> <p>Observation results will be submitted to the Director of Nursing Services (DNS) weekly. The DNS will report findings to the Performance Improvement Committee (PIC – Members include, but not limited to, Executive Director [ED], DNS, UM, Case Manager [CM], Recreational Services Director [RSD], Nutritional Services Manager [NSM], Maintenance Director, Social Services [SS], Business Office Manager [BOM], Registered Dietician [RD], Staff Development Coordinator [SDC]), every month, for three months, and as needed thereafter as determined by the PIC.</p>	4/16/11	
F 364 SS=E	<p>483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP</p> <p>Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature.</p>	F 364			

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NAME OF PROVIDER OR SUPPLIER FOUNTAIN CIRCLE HEALTH AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 200 GLENWAY ROAD WINCHESTER, KY 40391
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F 364	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview it was determined the facility failed to ensure food was served at the proper temperature. Coffee was observed to be served at one hundred and twenty-six (126 degrees) Fahrenheit, per the facility's policy coffee should be served at a temperature of 155 to 175 degrees Fahrenheit.</p> <p>The findings include:</p> <p>Interview with the Nutrition Services Manager on 03/14/11 at 1:10 PM revealed coffee should have a point of service temperature of one hundred and sixty five (165) degrees Fahrenheit.</p> <p>Observation during the lunch meal pass on 03/14/11 at 1:20 PM revealed the coffee, on the test tray was one hundred and twenty-six (126) degrees Fahrenheit.</p> <p>Interview with the Nutrition Services Manager on 03/14/11 at 1:25 PM revealed the temperature of the coffee did not meet policy required temperatures.</p> <p>Observation on 03/14/11 at 1:28 PM revealed the coffee was one hundred and twenty nine (129) degrees Fahrenheit directly from the thermos used to transport the coffee on the drink cart.</p> <p>Review of the facility's policy titled "Guidelines for Hot Beverages," not dated, revealed coffee and other hot beverages should be consumed at one hundred and fifty-five to one hundred and seventy-five (155 to 175) degrees Fahrenheit to be physiologically and psychologically pleasing.</p>	F 364	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>F364</p> <p>Sysco was contacted immediately to inspect coffee machine upon discovery of low temperatures on 3/14/11, when the coffee was served from the thermos used to transport the drink to residents. It was discovered the coffee was not at appropriate temperatures when being brewed and dispensed into the thermos. Adjustments were made to coffee machine and coffee temperatures were appropriate.</p> <p>The NSM will inservice all staff (4/15/11) on appropriate temperatures when serving hot beverages such as coffee, food temperatures and on timeliness of delivery of meal trays from the kitchen.</p> <p>The Nutritional Services Manager (NSM) will audit all coffee temperatures when it is dispensed</p>	4/16/11
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